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Bib Data Sheet

CONFIRMATION NO. 8677

<b>SERIAL NUMBER</b> 09/282,471	<b>FILING OR 371(c) DATE</b> 03/31/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 401865/SKYE PHARMA
<b>APPLICANTS</b> INDU PARIKH, CHAPEL HILL, NC; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/218,080 12/22/1998 PAT 6,228,399 which is a CIP of 08/701,483 08/22/1996 ABN <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/22/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23
<b>ADDRESS</b> 35437		<b>INDEPENDENT CLAIMS</b> 4		
<b>TITLE</b> FENOFIBRATE MICROPARTICLES				
<b>FILING FEE RECEIVED</b> 3732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	